

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Henry B. "Hank" ZUBER
Address 429 Hanley Rd. County Jackson
Telephone (Work) 228-875-1097 (Home) 228-875-4866 (Fax) 228-875-7891
Contact Name myself Email Address hank1@cableone.net
Office Sought state representative Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>2,550 + \$ 200</u>	<u>\$ 2,750</u>	<u>\$ 2,750.00</u>
Total amount of disbursements \$	<u>3,266.54 + \$ 1,425</u>	<u>\$ 4,686.54</u>	<u>\$ 4,686.54</u>
Total amount of cash on hand \$		<u>14,462.58</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]
(Signature of Candidate)

1-18-09
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 26 2009

Secretary of State
Capitol Office

Name of Candidate or Committee

Hank Zuber

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of

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Reporting period

1-1-08

through

12-31-08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental PAC		9, 10, 08	\$ 300
Mailing Address 2630 Ridgewood Rd, Ste. C		__/__/__	\$
City, State, Zip Code Jackson, MS 39216-4920		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 300
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Agents & Employee PAC		9, 10, 08	\$ 500
Mailing Address P.O. Box 39		__/__/__	\$
City, State, Zip Code Olive Branch, MS 38654		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Motorola		11, 14, 08	\$ 250
Mailing Address 1303 E. Algonquin Rd		__/__/__	\$
City, State, Zip Code Schaumburg Illinois 60196		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 250
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Georgia Pacific		11, 14, 08	\$ 250
Mailing Address 133 Peachtree St		__/__/__	\$
City, State, Zip Code Atlanta, GA 30303		__/__/__	\$
Name of Employer (Required)		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 250

Name of Candidate or Committee

Hank Zuber

Reporting period

1-1-08

through

12-31-08

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cherron</u>		<u>11/24/08</u>	\$ <u>1,000</u>
Mailing Address <u>3545 Denny Ave.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Dascagoda, MS 39581</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check Into Cash</u>		<u>12/13/08</u>	\$ <u>250</u>
Mailing Address <u>839 S. State St.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Clarksdale, MS 38614</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>___/___/___</u>	\$
Mailing Address		<u>___/___/___</u>	\$
City, State, Zip Code		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>___/___/___</u>	\$
Mailing Address		<u>___/___/___</u>	\$
City, State, Zip Code		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Hank Zuber
 Reporting period 1-1-08 through 12-31-08

ITEMIZED DISBURSEMENTS

A. Full name <u>Am. Legislative Exchange Council</u>	Date (Mo., Day, Year) <u>1-28-08</u>	Amount of each disbursement this period \$ <u>400⁰⁰</u>
Mailing Address <u>1101 Vermont Ave., NW; 11th floor</u>		
City, State, Zip Code <u>Washington DC 20005</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>Dues for National Conservative Membership</u>	Aggregate Year-to-date	\$ <u>400⁰⁰</u>
B. Full name <u>First American Printing</u>	Date (Mo., Day, Year) <u>9-9-08</u>	Amount of each disbursement this period \$ <u>1,775.54</u>
Mailing Address <u>6201 Highway 57</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564</u>	<u>9-19-08</u>	\$ <u>871.00</u>
Purpose of Disbursement (Optional) <u>Constituent annual newsletter</u>	Aggregate Year-to-date	\$ <u>2,646.54</u>
C. Full name <u>Hillary C. Herron</u>	Date (Mo., Day, Year) <u>1-18-09</u>	Amount of each disbursement this period \$ <u>215⁰⁰</u>
Mailing Address <u>P.O. Box 1018</u>		
City, State, Zip Code <u>Jackson, MS 39215</u>	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional) <u>updating political list serve on computer</u>	Aggregate Year-to-date	\$ <u>215⁰⁰</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___/___/___</u>	\$
City, State, Zip Code	<u>___/___/___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$